

**REMARKS**

The present application stands with pending claims 1-28, where only claims 1 and 28 are independent.

Claims 1-23 and 25-28 stand rejected under 35 U.S.C. §101 as being directed to non-statutory subject matter. In order to expedite prosecution, and provide for a quick allowance, Applicants amended claims 1 and 28 to include the features of claim 24 regarding the use of a computer. This is fully supported by the specification at, for example, page 19, lines 3-6. For this reason, Applicants respectfully request that this §101 rejection be withdrawn.

Claims 1, 3, 4, 6-8, 11-13, 16, 21-24, 26-28 stand rejected under 35 U.S.C. §103 as being obvious to LeVander (U.S. 6,216,108) in view of Dossett (Industrial Engineering Journal "Work Measured Labor Standards – The state of the art."). In response, Applicants amended claims 1 and 28 to include the features from claim 5 to make it clear that the invention is directed to healthcare related services or businesses. The cited references do not disclose or suggest all of the features of claims 1 and 28 as now amended.

In contrast to the present invention as recited in claims 1 and 28, LeVander discloses historical standards for estimating time and costs for the construction/building repair industries. Dossett discloses that the MOST system and PMTS are motion analysis techniques that should be used for measuring short, repetitive tasks (short-cycle, high repetitive tasks). Page 2, lines 8-25; page 3, line 14. It can easily be seen how this applies to nailing, drywalling, etc., in the construction field where the exact same activity is repeated many times over.

Nowhere do these two references suggest that the MOST system can be applied successfully to the healthcare fields. It was the discovery of the present inventors that the MOST

system could nevertheless be applied to the seemingly variable motions required for nurses duties, and doctors examination, as well as other healthcare activities.

The Examiner may attempt to assert that Conway (U.S. patent No. 5,732,401), which was used to reject cancelled claim 5 directed to healthcare services, discloses this feature. This conclusion, however, would be completely incorrect, and in fact the Conway reference strengthens the Applicants assertion that this invention is novel.

Conway discloses the use of total time studies (the timing of a full complete task – such as a particular medical surgical operation - without breaking the task into motions). This is based on timing how long a particular individual is in a room (*See e.g.* col. 2, lines 33-45). Since an examination or surgical operation may be performed in many different ways, the times can vary widely. Thus, Conway inherently teaches that a particular task can be performed in many different ways (within a room), and an average time can be used for the time for that task without the necessity of timing the individual motions to perform that task. This teaches directly against the present invention that requires the timing of individual motions to accurately get the total time of the task.

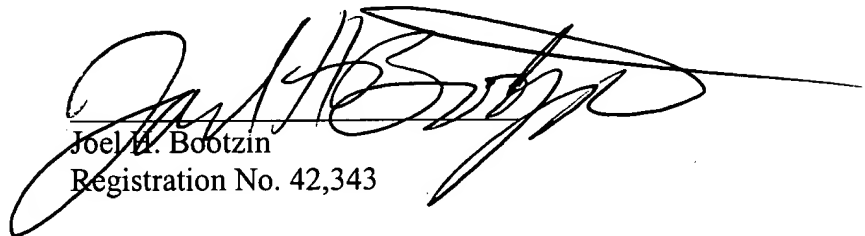
The presently claimed invention, in contrast to Conway, teaches that nurses, doctors and others in the health fields can actually be timed accurately using MOST and PMTS, even though they have tasks that appear to be so different from patient to be patient. In addition, Conway does not account for when a doctor may be varying the specific types of tasks performed within a room, while the present invention does account for this. Thus, the cited references, as well as Conway, do not disclose or suggest all of the features recited in claims 1 and 28. For these reasons, Applicants respectfully request that the §103 rejection of claims 1 and 28, as well as their depending claims 3, 4, 6-8, 11-13, 16, 21-24 and 26-27, be withdrawn.

Claims 2 and 14 stand rejected under 35 U.S.C. §103 as being unpatentable over LeVander in view of Dossett and Isherwood (U.S. 5,918,219). Claim 25 stands rejected under 35 U.S.C. §103 as being unpatentable over LeVander in view of Dossett and Conway. Claims 15, 17-20 stand rejected under 35 U.S.C. §103 as being unpatentable over LeVander in view of Dossett and Dangat et al. (U.S. 6,216,108). Finally, claims 9 and 10 stand rejected under 35 U.S.C. §103 as being unpatentable over LeVander in view of Dossett and Nick (U.S. 6,009,406).

In response, to all of these section 103 obviousness rejections, Applicants respectfully traverse, repeat the arguments from above regarding LeVander and Dossett, and further assert that none of the cited references, alone or in combination, disclose or suggest an operator independent method of task time measurement as now recited in claims 1 and 28 used with healthcare. Nowhere do any of these references suggest that nurses, doctors and others in the health fields, with tasks that appear to be so different from patient to be patient, can actually be timed accurately using MOST and PMTS. For this reason, Applicants submit that the §103 rejection of claim 2, 9, 10, 14-15, 17-20 and 25 based on LeVander in view of Dossett and the other references has been overcome and respectfully request that the §103 rejection of these claims be withdrawn.

For the foregoing reasons, Applicants respectfully request consideration and allowance of all pending claims. The Examiner is invited to contact the undersigned attorney if an interview would expedite prosecution.

Respectfully submitted,



Joel H. Bootzin  
Registration No. 42,343

PIPER RUDNICK  
P.O. Box 64807  
Chicago, Illinois 60440-0807  
Telephone: (312) 368-7072  
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